

CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer. This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
Shuttle Express Inc. a/o All Connect Logistical Services Inc. a/o All Connect USA Inc. a/o Shuttle Management Inc. 2139 Wyecroft Road Oakville ON	Shuttle Express Inc. a/o All Connect Logistical Services Inc. a/o All Connect USA Inc. a/o Shuttle Management Inc. 2139 Wyecroft Rd Oakville ON
POSTAL CODE L6L 5L7	POSTAL CODE L6L 5L7

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
Common Carrier

4. COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> COMBINED SINGLE LIMIT <input type="checkbox"/> CLAIMS MADE <u>OR</u> <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Northbridge General Insurance 2003051	2016/02/28	2017/02/28	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE - EACH OCCURRENCE		Included
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$5,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$5,000,000
				MEDICAL PAYMENTS		\$10,000
				TENANTS LEGAL LIABILITY		\$1,500,000
				POLLUTION LIABILITY EXTENSION		
				<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Northbridge General Insurance 2003051	2016/02/28
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input checked="" type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	Northbridge General Insurance 2003051	2016/02/28	2017/02/28	BODILY INJURY AND PROPERTY DAMAGE COMBINED		\$5,000,000
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
OTHER (SPECIFY) <input checked="" type="checkbox"/> Motor Truck Cargo <input checked="" type="checkbox"/> Physical Damage- All Perils <input checked="" type="checkbox"/> Physical Damage- All Perils <input checked="" type="checkbox"/> MPCF 5G,OPCF 21B <input checked="" type="checkbox"/> OPCF 27B - Non-Owned <input checked="" type="checkbox"/> OPCF 27B - Non-Owned	Northbridge General Insurance 2003051	2016/02/28	2017/02/28	Non-Owned	\$5,000	\$500,000
				Heavy Commercial	\$5,000	
				Trailers	\$5,000	
				Included		
				Tractors	\$5,000	\$100,000
				Trailers	\$5,000	\$60,000

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)
Dalton Timmis Insurance 35 Stone Church Rd., 3rd flr. Ancaster ON POSTAL CODE L9K 1S5	

BROKER CLIENT ID: _____ POSTAL CODE _____

8. CERTIFICATE AUTHORIZATION	
ISSUER	CONTACT NUMBER(S) TYPE Phone NO. 905-648-3922 TYPE NO. TYPE Fax NO. 905-648-6980 TYPE NO.
AUTHORIZED REPRESENTATIVE Nelia Rebelo	
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>N Rebelo</i>	DATE 2016/03/04 EMAIL ADDRESS amandak@daltontimmis.com